MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3						
4						
5		1				
6						
7						
8						
9						
10						
11						
12						
13		1				
14						
15						
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17						
18		1				
19						
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23		1				
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47						
48						
49						
50						
TOTAL IND.	18					
TOTAL DEP.	5					
TOTAL CLAIMS	23					

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							